

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.													
09/255,397	02/22/99	435	1744	18852-000300													
APPLICANT	GEORGE N. SERBEDZIJA, WOBURN, MA; CARLOS SEMINO, CAMBRIDGE, MA; DEANNA FROST, CAMBRIDGE, MA.																
	CONTINUING DOMESTIC DATA***																
	VERIFIED PROVISIONAL APPLICATION NO. 60/075,783 02/23/98																
	PROVISIONAL APPLICATION NO. 60/100,950 09/18/98																
	371 (NAT'L STAGE) DATA***																
	VERIFIED																
	None mb																
	FOREIGN APPLICATIONS***																
	VERIFIED																
	None on																
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/15/99 ** SMALL ENTITY **																	
<table border="1"><tr><td>Foreign Priority claimed 35 USC 119 (a-d) conditions met</td><td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance</td><td>STATE OR COUNTRY MA</td><td>SHEETS DRAWING 15</td><td>TOTAL CLAIMS 22</td><td>INDEPENDENT CLAIMS 3</td></tr><tr><td colspan="2">Verified and Acknowledged Examiner's Initials mb Initials</td><td></td><td></td><td></td><td></td></tr></table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 15	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3	Verified and Acknowledged Examiner's Initials mb Initials						
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ADDRESS	MARGARET A POWERS TOWNSEND AND TOWNSEND AND CREW TWO EMBARCADERO CENTER 8TH FLOOR SAN FRANCISCO CA 94111-3834																
	METHODS OF SCREENING AGENTS FOR ACTIVITY USING TELEOSTS																
TITLE																	
FILING FEE RECEIVED	<table border="1"><tr><td rowspan="6">\$861</td><td>FEES: Authority has been given in Paper</td><td><input type="checkbox"/> All Fees</td></tr><tr><td>No. _____ to charge/credit DEPOSIT ACCOUNT</td><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td>NO. _____ for the following:</td><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td></td><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td></td><td><input type="checkbox"/> Other _____</td></tr><tr><td></td><td><input type="checkbox"/> Credit _____</td></tr></table>				\$861	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees (Filing)	NO. _____ for the following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		<input type="checkbox"/> 1.18 Fees (Issue)		<input type="checkbox"/> Other _____		<input type="checkbox"/> Credit _____
\$861	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees															
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